

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		9/20/99
O.I.P.E. CLASSIFIER		48	9/22/99
FORMALITY REVIEW	KS	71702	10/13

INDEX OF CLAIMS

BEST AVAILABLE COPY

☐ (Through numeral) Canceled
☐ Restricted
☐ 0
☐ Non-elected
☐ Interferences
☐ Appeal
☐ Objected

Claim	Date
Final	
Original	
1	12/10
2	12/10
3	12/10
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Claim	Date
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52	12/10
53	12/10
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Claim	Date
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If more than 150 claims or 10 actions
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